

CREST VIEW  
612 VIEW ST

NEW LISBON 53950 Phone:(608) 562-3667

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/04): 60

Total Licensed Bed Capacity (12/31/04): 60

Number of Residents on 12/31/04: 60

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 59

Non-Profit Corporation

Skilled

Yes

Yes

Yes

59

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		28.3
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		51.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.7	More Than 4 Years		20.0
Day Services	No	Mental Illness (Org./Psy)	31.7	65 - 74	15.0			-----
Respite Care	No	Mental Illness (Other)	1.7	75 - 84	41.7			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	31.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.0	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	1.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	1.7		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	10.0	65 & Over	98.3	-----		
Transportation	No	Cerebrovascular	15.0		-----	RNs		19.1
Referral Service	No	Diabetes	3.3	Gender	%	LPNs		4.2
Other Services	No	Respiratory	5.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.0	Male	18.3	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	81.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	2	100.0	263	47	100.0	123	0	0.0	0	11	100.0	165	0	0.0	0	0	0.0	60	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	2	100.0		47	100.0		0	0.0		11	100.0		0	0.0		0	0.0	60	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	0.0	Bathing	0.0	63.3	36.7	60
Private Home/With Home Health	2.4	Dressing	8.3	60.0	31.7	60
Other Nursing Homes	17.1	Transferring	28.3	48.3	23.3	60
Acute Care Hospitals	68.3	Toilet Use	21.7	48.3	30.0	60
Psych. Hosp.-MR/DD Facilities	2.4	Eating	63.3	26.7	10.0	60
Rehabilitation Hospitals	0.0	*****				
Other Locations	9.8	Continence	%	Special Treatments		%
Total Number of Admissions	41	Indwelling Or External Catheter	3.3	Receiving Respiratory Care		6.7
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	58.3	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	27.5	Occ/Freq. Incontinent of Bowel	28.3	Receiving Suctioning		0.0
Private Home/With Home Health	7.5	Mobility		Receiving Ostomy Care		0.0
Other Nursing Homes	0.0	Physically Restrained	0.0	Receiving Tube Feeding		0.0
Acute Care Hospitals	7.5			Receiving Mechanically Altered Diets		36.7
Psych. Hosp.-MR/DD Facilities	2.5	Skin Care		Other Resident Characteristics		
Rehabilitation Hospitals	0.0	With Pressure Sores	1.7	Have Advance Directives		80.0
Other Locations	2.5	With Rashes	3.3	Medications		
Deaths	52.5			Receiving Psychoactive Drugs		76.7
Total Number of Discharges (Including Deaths)	40					

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Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities					
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	This Facility	Other Hospital-Based Facilities	All Facilities		
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.3	91.7	1.07	88.8	1.11
Current Residents from In-County	83.3	85.3	0.98	77.4	1.08
Admissions from In-County, Still Residing	29.3	14.1	2.08	19.4	1.51
Admissions/Average Daily Census	69.5	213.7	0.33	146.5	0.47
Discharges/Average Daily Census	67.8	214.9	0.32	148.0	0.46
Discharges To Private Residence/Average Daily Census	23.7	119.8	0.20	66.9	0.35
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11
Residents Aged 65 and Older	98.3	90.7	1.08	87.9	1.12
Title 19 (Medicaid) Funded Residents	78.3	66.8	1.17	66.1	1.19
Private Pay Funded Residents	18.3	22.6	0.81	20.6	0.89
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	33.3	32.7	1.02	33.6	0.99
General Medical Service Residents	30.0	22.0	1.36	21.1	1.42
Impaired ADL (Mean)*	51.3	49.1	1.05	49.4	1.04
Psychological Problems	76.7	53.5	1.43	57.7	1.33
Nursing Care Required (Mean)*	6.0	7.4	0.82	7.4	0.81